(1) PLACE OF BIRTH

County of Greenville

Township of Gaulin

or

Inc. Town of Simpsonville

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
21144

Registration District No. 2200 Registered No. 92
(For use of Local Registrar)

(2) Full Name of Child Willard Durham

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH July 28, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carnell Durham

(9) PRESENT POSTOFFICE OF FATHER Simpsonville

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Goldsmith

(15) PRESENT POSTOFFICE OF MOTHER Simpsonville

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated.
(Born alive or stillborn) (Hour) (Month) (Day)

(23) (Signature) W C Smith

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug. 10 1923 (28) L. L. Richardson
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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